

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90097 003 \*\*\*\*61.25



**DOCUMENT # N05034**

1. Entity Name

**CHAPTER #20, DISABLED AMERICAN VETERANS,  
DEPARTMENT OF FLORIDA, INCORPORATED**

Principal Place of Business

V.A.M.C. SO. MARION ST  
P.O. BOX 1596  
LAKE CITY FL 32056

Mailing Address

V.A.M.C. SO. MARION ST  
P.O. BOX 1596  
LAKE CITY FL 32056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number  
**59-2301846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLSON, MARK  
RT 22 BOX 2006  
LAKE CITY FL 32024**

**202 SW WOODCREST  
DRIVE  
LAKE CITY, FL  
32024**

Name

**MARK A. POLSON**

Street Address (P.O. Box Number is Not Acceptable)

**202 S.W. WOODCREST DRIVE**

City

**LAKE CITY**

FL

Zip Code

**32024**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mark A. Polson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-15-2005**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE JVD ☒ Delete  
NAME LAFASO, GARY  
STREET ADDRESS RR 9 BOX 10  
CITY-ST-ZIP LAKE CITY FL 32025

TITLE DC ☐ Delete  
NAME MERRELL, WILLIE  
STREET ADDRESS 3215 GREG ST  
CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☒ Delete  
NAME SHULTS, RODNEY  
STREET ADDRESS RR #2, BOX 3164  
CITY-ST-ZIP GLEN ST MARYS FL 32040

TITLE SRV ☐ Delete  
NAME HERRING, JOE T  
STREET ADDRESS 1600 S COUNTRY CLUB RD  
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SERV. OFFICER ☐ Change ☒ Addition  
NAME MARK A. POLSON  
STREET ADDRESS 202 S.W. WOODCREST DR.  
CITY-ST-ZIP LAKE CITY, FL, 32024

TITLE DC ☒ Change ☐ Addition  
NAME MERRELL, WILLIE  
STREET ADDRESS 237 SE. GREG PL. LAKE CITY FL  
CITY-ST-ZIP 32025

TITLE CHAIRMAN ☐ Change ☒ Addition  
NAME JOHN JOSEPH  
STREET ADDRESS 1596 HONEY WILKINSON RD  
CITY-ST-ZIP BALDWIN FL, 32234

TITLE C.C. ☒ Change ☐ Addition  
NAME HERRING, JOE T.  
STREET ADDRESS 334 SW SUNRISE WAY  
CITY-ST-ZIP LAKE CITY, FL 32024

TITLE FINANCE OFF. ☐ Change ☒ Addition  
NAME EARL BRUCKNER  
STREET ADDRESS 4042 SOUTHWOOD RD.  
CITY-ST-ZIP BALDWIN, FL. 32234

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark A. Polson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-15-05 386-961-8725**